Signature

TOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2007 HOY 13 PH 1:47

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf

4,	or the state	
	For office use only Indexed	
	Audited	
	Checked	
	Computer	
L		
Ja	. 52641	
om	above)	
mbe	r (if different from above)	
		\neg
	\$ 2500	
nt	Amount/Value*	I
et v	alue" of item as determined by	-

Mental Health Institute	
Name of Department of Office	
1200 E. Washington M	t. Pleasant, lowa. 52641 State, Zip Code
	State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Nathan Beattie	
Mailing Address (if different from above)	City, State, Zip (if different from above)
nathanbeattie @ 10wa. gov	Ext., 2371
Linair Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:	
	-
V.7. W. of Mt Fleasant	
vame	
506 E. Morroe Mt. Pleasant la	
Aailing Address City, State, Zip Code 5.7 (241)	04 00 \$ 2500
(319) 315-2337	Date of Gift, Bequest, or Grant Amount Volume
rea Code & Telephone Number	7 Thousand
	"value is defined as "fair market value" of item as determined by
mail Address (optional)	receiving department or office. If no value mark "0.00".
	J Comment of the Comm
Provide a description of the gift, bequest, or grant and purpose thereof:	
Col 6 - 11.11	
Cash for Halloween party	
Criteria to use this form:	
eceipt of any gift, beguest, or grant that is received by any department of	
eceipt of any gift, bequest, or grant that is received by any department of the	state or received by the Governor on behalf of the state.
$\rho_{\cdot, \cdot}$	
ement of Affirmation:	
others Too the attem that the six hands	
r and assessment of the fair market value (if applicable) is correct and true to	ve is accurate. I further affirm that the information concerning the
the appropriate the second and fine for	ure best of my knowledge.
1.5	
the Bett	11
	$A \wedge P = 0$

Revised 06/05

IA ETHICS AND ISCLOSURE BD. IOWAN ETHICS AND GAMPAIGN DISCLOSURE BOARD BOOT NOV 13 AND EAST 12TH, SUITE 1A

2007 HOV 13 DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

17125426119

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office us	
ndexed	
Audited	
Checked	
Computer	

DEPARTMENT OR OFFICE RECEIVING	THE GIF	T, BEQUEST,	OR G	RANT
THE DARK INTERT OR OFFICE NECESTATION		.,		

Clarinda MHI	
ame of Department or Office	Clarinda, 1A \$1632
new see	City, State, Zlp Code
rea Code & Telephone No.	
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	FICE:
Suc Rehwaldt Hays	
lame	
failing Address (if different from above) Sue, Rehwaldt Mays@nove gov	City, State, Zip (if different from above) 712-542-2161 Ext. 3317
mail Address	Area Code & Telephone Number (If different from above)
Clarinda, IA 51632 Gity, State, Zip Code rea Code & Telephone Number	10/07 \$ 70.00 Date of Gift, Bequest, or Grant Amount√alue* "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0 00"
mail Address (optional)	Tectal ving department of office.
Provide a description of the gift, bequest, or grant and purpose thereo	ıf:
Shoes for patients	
	A PARTY OF THE PROPERTY OF THE
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any departme	ent of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Sue Rehwaldt Hays affirm that the glft, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

11/12/07

Date

OBJOS LA ETHICS AND CAMPAIGN DISCLOSURE BOARD CAMPAIGN DISCLOSURE BOARD Revised 06/05 2007 HOV 13 AM SO EAST 12TH, SUITE 1A DES MOINES LA FORTA

www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only	
Indexed	
Audited	
Checked	
Computer	

DEPARTMENT OR OFFICE RECEIVING THE	GIFT, BEQUEST, OR GRANT:	
Clarinda MHI		
Name of Department or Office	Clarinda, IA 51632	

City, State, Zlp Code Mailing Address

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays Name

Mailing Address (if different from above)

Suc. Rehabid! Hava@iowa.gm. Email Address

Area Code & Telephone No

City, State, Zlp (if different from above)

712-542-2161 Ext. 3317

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Suc Rehwaldt Hays Name

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

10/07

\$ 5.00

Date of Gift, Bequest, or Grant

Amount/√alue*

value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"

Provide a description of the gift, bequest, or grant and purpose thereof:

Clothing for residents

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Sue Rehwaldt Hays affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

11/12/07

Date

Revised 06/05

10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

Indexed	
Audited	
Checked	
Computer	

and Campaign Disclosure Board and the Government Oversight Comprovide a copy of this report to the Government Oversight Committee. filed within 20 days of receipt of the gift, bequest, or grant.	mittee. The Board will This form is required to be	Checked
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:	
Mental Health Institute Name of Department or Office 1200 F. Washington M	+ Pleasant Inv	52/041
Name of Department or Office Mailing Address (319) 385-7231 City, Area Code & Telephone No.	State, Zip Code	1. 52011
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Nathan Beattie		
Mailing Address (if different from above)	City, State, Zip (if different fror	n above)
nathanbeattie@iowa.gov	Ext. 2371	
Littel Address	Area Code & Telephone Numb	ber (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:		
Name / OUS N. Grand Mt. Pleasant Tal Mailing Address City, State, Zip Code / 319 385 - \$600 Area Code & Telephone Number Email Address (optional)	Date of Gift, Bequest, or Grant *value is defined as "fair marke receiving department or office.	t value" of item as determined by
Provide a description of the gift, bequest, or grant and purpose thereof: Walmark Guft Card	•	
Criteria to use this form:		
Receipt of any gift, bequest, or grant that is received by any department of the	state or received by the Governor	on behalf of the state.
*		
Statement of Affirmation: Attack Swith Caffirm that the gift, bequest, or grant reported aboonor and assessment of the fair market value (if applicable) is correct and true to	ve is accurate. I further affirm that the best of my knowledge.	the information concerning the
Nother But	11/7	107
Signature	:	Date

IA ETHICS OF A ENHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES 14 2007 HOY 13 AM 9: 11

www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Glft, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only	
ndexcd	_
kudited	
Checked	_
Computer	_

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI		
Name of Department or Office	Clarinda, IA 51632	
Mailing Address	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPA	RTMENT OR OFFICE:	

ONTACT PERSON FOR RECIPIENT DEPARTMENT	OR OFFICE:
Sue Rehwaldt Hays	
Name	Out of the state o
Mailing Address (If different from above)	City, State, Zip (if different from above) 712-542-2161 Ext. 3317
Suc, Rehvoldt Hays@rown.gov Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Joanna Baker				
Name				
	Clarinda, JA 51632		6.5.00	
Mailing Address	City, State, Zip Code	10/07	§ 5.00	
		Date of Gift, Bequest, or C	Grant Amount/Value*	
Area Code & Telephone Number		"value is defined as "fair n receiving department or o	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)				

Provide a description of the gift, bequest, or grant and purpose thereof:

Clothing for patients

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the Suc Rehwaldt Hays donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

11/12/07 Date